MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

SERIAL NO. 10/534695

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3		1					53						
4							54						
5		2					55						
6		2					56						
7		2					57						
8							58						
9		0					59						
10			1				60						
11				1			61						
12				7			62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24			1				74						
25							75						
26				1			76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		⬇	2	⬇		⬇	**TOTAL IND.**		⬇		⬇		⬇
TOTAL DEP.		⬅	16	⬅		⬅	**TOTAL DEP.**		⬅		⬅		⬅
TOTAL CLAIMS			18				**TOTAL CLAIMS**						